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APPLICATION NO. FILING DATE FIDST NAMED INVENTYOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/509,677 10/08/2004 Mitsuhiro Kasahara P26002 3003 TITLE OF INVENTION: IMAGE CONVERSION DEVICE AND IMAGE CONVERSION METHOD

٠L	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/09/2008
E	EXAM	MINER	ART UNIT	CLASS-SUBCLASS	]		
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l. C	FR 1.363).  Change of corresp Address form PTO/S  "Fee Address" inc	dication (or "Fee Address 02 or more recent) attach	nge of Correspondence	(2) the name of a single registered attorney or	3 registered patent attorn wely, e firm (having as a memb agent) and the names of up treeys or agents. If no nam	er a 2	M & BERNSTEIN P.L.C.
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Matsushita Electric Industrial Co., Ltd. Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Governmen

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	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/509,677	10/08/2004	Mitsuhiro Kasahara	P26092	3993
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TITLE OF INVENTION: IMAGE CONVERSION DEVICE AND IMAGE CONVERSION METHOD

	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/09/2008
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
TRAN,	TRANG U	2622	348-448000			
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Number is required	L		listed, no name will be	ргшкси.		
ASSIGNEE NAME . PLEASE NOTE: U:	AND RESIDENCE DAT, nless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee	THE PATENT (print or typ data will appear on the pr T a substitute for filing an (B) RESIDENCE: (CITY	e) atent. If an assignee is id assignment.		ament has been filed
ASSIGNEE NAME.  PLEASE NOTE: Urecordation as set for (A) NAME OF ASS	AND RESIDENCE DAT, nless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the part T a substitute for filing and (B) RESIDENCE: (CITY	e) atent. If an assignee is id assignment.	RY)	ument has been filed t

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Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form)

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